CITY OF BATTLE CREEK City Clerk's Office 10 N. Division, Suite 117 Battle Creek, MI 49014 (616) 966-3348

(Send application to above address)

ELECTION INSPECTOR APPLICATION(Must be completed in your own handwriting in ink)

Name in Full	Date of Birth
Home Address	Social Security No
Home Phone No Work Pho	one No
County of Length of Res	sidence in County
City/Township/Village where I'm registered	Precinct # Ward #
Political Party Affiliation (to be eligible for appoint Republican Party Democratic Party	
Have you ever been convicted of a felony or election crime?	Yes No
Educational Background – (include highest grade completed	or degrees held)
Employment Background – (include current or last place of en	nployment and type of work performed)
Past experience as a election inspector, if any – (include name	ne of jurisdiction)
Do you have transportation? Will you work at any polling place?	
I CERTIFY THAT I am not a member or a known active advocidentified above. I FURTHER CERTIFY THAT the foregoing st knowledge and belief.	
Signature of Applicant	Date

*A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.